

Sacred Geometry at Astro West

Legal Disclaimer & Terms of Service

RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Sacred Geometry rendered at AG Minerals, LLC DBA Astro West, hereinafter referred to as SGAW, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf. I hereby release, indemnify and discharge SGAW on behalf of myself, my spouse, my children, my parents, my heirs, assignees, personnel, representative and estate as follows:

1) I acknowledge that my participation in energy healing modalities and treatments within the scope of the practice of Energy Practitioners or any activity at SGAW entails known and unanticipated risks that may result in physical or emotional injury, paralysis, death or damage to myself, to property or third parties. I understand that such risks cannot simply be eliminated in this treatment without jeopardizing the essential qualities of the modalities. The risks include: piercings, injuries to internal organs, cuts, scrapes, or any unexpected result of treatments.

2) I expressly agree and promise to accept and assume all known or unknown risks in executing in these activities. My participation is purely voluntarily, and I elect to participate in spite of the risks.

3) I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SGAW from any and all claims, demands, or causes of actions which are in any way connected with my participation in this activity, or through my use of any equipment or participation, including, ANY SUCH CLAIMS WHICH ALEGE NEGLIGENT ACTS OR COMMISSIONS BY SGAW.

4) Should SGAW be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such costs and fees.

5) I agree to bear any costs of an injury or damage I may cause or suffer while participating and I am willing to assume the risk of any physical or medical condition I may have.

6) In the event I file a lawsuit against SGAW I agree to do so solely in the State of New York, County of New York, and I agree that the substantive law of that state shall apply in that action without regard to the conflict of law or rules in that state. I agree that should any of the portion of this agreement be found void or unenforceable, the remaining document will remain in full force and effect.

YOU HAVE BEEN FULLY INFORMED OF YOUR CONSENT, WAIVER OF LIABILITY AND RELEASE BEFORE UNDERSTAKING ANY TREATMENT.

AGREEMENT

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT IF ANYONE IS HURT OR PROPERTY IS DAMAGED DURING MY PARTICIPATION IN THIS ACTIVITY, I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAINTAIN A LAWSUIT AGAINST SGAW ON THE BASIS OF ANY CLAIM FROM WHICH I HAVE RELEASED HEREIN. I HAD SUFFICIENT OPPURTUNITY TO READ THIS ENTIRE DOCUMENT AND I HAVE READ IT AND UNDERSTAND IT AND AGREE TO BE BOUND BY ITS TERMS.

Name (PRINT): _____

Address: _____

Signature: _____ Date: _____

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Intuitive Energy Healing Practitioners Liability Waiver and Release

I, _____, am here to inspire my own personal transformation. I take personal responsibility for my well-being and with respect for myself I gratefully accept control of my choices. My heirs, guardians, legal representatives, and I hereby and forever release, waive, and discharge any claims against, Energy Workers and/or Intuitive Practitioners, _____, and/or any of their associates or affiliates, including SGAW. I take full responsibility and am responsible for all liability for loss or injury incurred while in association with or applying energy techniques and information learned from and all practitioners and/or their associates, consultants or affiliates.

I have carefully read this agreement and fully understand its content. I am aware that this is a waiver and release of potential liability and a contract between the above noted parties and myself. I understand that this contract is binding and acknowledge that I am signing this of my own free will.

Client Signature: _____ Date: _____

Printed Name: _____

Address: _____

Day Phone: _____ Email: _____

Cell Phone: _____ Skype Address: _____

Social Media Information

Facebook: _____ Twitter: _____

Instagram: _____ Snap Chat: _____

Other: _____ Other: _____

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ENERGY INTUITIVES ENERGY HEALING MODALITIES INFORMED CONSENT TO TREAT

I hereby request and consent to the performance of energy healing modalities and treatments within the scope of the practice of Energy Practitioners on my (or on the patient named below, for I am legally responsible) by the Energy Practitioner named below, or another practitioner, working or associated with or serving as back-up for the Energy Practitioner named below, including those working as part of Energy Intuitives as listed below, whether signatories to this form or not.

I understand that methods of treatment may include, but are not limited to: energy balancing and harmonization, the subtle bodies and energy system of the body; including but are not limited to therapies such as: reiki, medical intuition, chakra harmonizations, energy healing, past life, in-between and future life journeys, meditation, visualizations, hypnotherapy, counseling, and psychoenergetic energy work. I will immediately notify my energy practitioner listed below of any unanticipated or unpleasant effects associated with any of the energy modalities applied.

I have been informed that energy healing is a generally safe method of treatment, but that shifts in energy occur and may create some physical, emotional or spiritual side effects which may include physical tingling, feeling lighter energetically, mild fatigue, nausea, muscle soreness, headache, thirst, changes in relationships, shifts of perception, etc. I do not expect the energy practitioner to be able to anticipate and explain all possible risks and complications of energy treatment, and I wish to rely on the energy practitioner to exercise judgment during the course of treatment which the energy practitioner exercises a best and highest interest for healing, based upon the facts then known and for my best interest and highest good. I understand that results are not guaranteed.

I understand that all clinical information and records of energy healing treatments etc. will be kept confidential and will not be released without my written consent.

By voluntarily signing below, I show that I have read, or have had read to me, the above consent to treatment, have been told about the risks and benefits of energy and intuitive energy healing and other energy modalities, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of my energy treatments for my present condition and for any future conditions(s) for which I seek any energy healing modalities.

Client Signature: _____ Date: _____

(Or Patient Representative): _____
(Indicated relationship if signing for patient)

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I understand that methods of treatment may include, but are not limited to: energy balancing and harmonization, biofield therapies, reiki, medical intuition, chakra harmonizations, energy healing, past life, in-between and future life journeys, meditation, visualizations, hypnotherapy, counseling, and psychoenergetic energy work. I will immediately notify my energy practitioner listed below of any unanticipated or unpleasant effects associated with any of the energy modalities applied.

I have been informed that energy medicine is a generally safe method of treatment, but that shifts in energy occur and may create some physical, emotional or spiritual side effects which may include physical tingling, feeling lighter energetically, mild fatigue, nausea, muscle soreness, headache, thirst, changes in relationships, shifts of perception, etc. I do not expect the energy practitioner to be able to anticipate and explain all possible risks and complications of energy treatment, and I wish to rely on the energy practitioner to exercise judgment during the course of treatment which the energy practitioner exercises a best and highest interest for healing, based upon the facts then known and for my best interest and highest good. I understand that results are not guaranteed.

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